

Effect of Social Skill Training on Anxiety and Performance of High School Students

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Abstract – Adolescence is a time of heightened stress sensitivity that puts teens at greater risk for mental health issues such as burnout, depression, anxiety and externalization. This malfunctioning growth can be avoided by early detection with psychological and low-level services to resolve these needs. Schools should offer an essential atmosphere for social needs to be recognized and discussed. The intent of this report is to explain the creation of a study aimed at assessing the efficacy of low threshold education services that promote young people's mental wellbeing and testing moderators of the efficacy of services.

Key Words: Depression, Anxiety, Social Skills, Disorders, Training

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INTRODUCTION

Social skills training is a form of conduct practise utilised in individuals with behavioural problems or intellectual difficulties to enhance social skills. Teachers, nurses, or other clinicians may use SST for the intent of assisting those struggling from anxiety problems, mood problems. It is supplied separately or in group, typically once or twice a week and is also used as part of a combined counseling programme.

BEHAVIORAL THERAPY

Behavioral therapy is a term used to characterize a diverse variety of methods employed to improve maladaptive conduct. The purpose is to improve and eradicate undesirable behavior. The theory behind behavioral therapy is embedded in a way behind psychology that relies around the premise that we benefit from our surroundings.

In comparison, clinical treatment is action-based (in comparison to many other forms of counseling embedded in intuition (such as psychotropic treatment or humanistic). This adds to a high emphasis on behavioral counseling. The action itself is the issue and the aim is to instruct citizens to lessen or remove the problem.

TYPES OF BEHAVIORAL THERAPY

Several forms of behavioral treatment occur. The method of care which differ from the disorder to the care and nature of the symptoms to a range.

Using organizational conditioning to form and change problem behaviors in the applicable comportment study.

Cognitive-behavioral therapy relies on behavioral strategies but incorporates a logical aspect, which reflects on the problem concepts causing behavior.

Dialectical behavioral therapy is a type of CBT that uses behavioral and cognitive techniques to help people to control their feelings and experience depression and to strengthen relationships between individuals.

Exposure therapy incorporates conductible strategies to help patients resolve their concerns. This method combines approaches that bring people in their coping mechanisms to the root of their anxiety. It is beneficial to manage such phobias and other anxieties.

Rational emotive behavior therapy (REBT) Based on recognizing emotions and perceptions harmful or damaging. People then vigorously question and

substitute these ideas with logical and practical ones.

Social learning theory

It focuses on seeing how people think. Observing others for their behavior can contribute to a shift in behavior and behavior.

IMPACT

Behavioral modification has been commonly practiced and has proved to be successful with many therapies. In fact, cognitively-behavioral treatment in multiple diseases is sometimes referred to as the "gold standard".

Research has shown that CBT is the safest way to handle:

- Anger issues
- Anxiety
- Bulimia
- Depression
- Somatoform disorder
- Stress
- Substance abuse

This does not mean the only forms of treatment that may address mental disorder are CBT or other therapeutic interventions. It does not mean that conduct counseling with each case is the correct option.

Research has shown, for example, that the efficacy of CBT in managing problems in the usage of drugs may differ based on the drug misuse. The CBT was also shown to have positive results on certain schizophrenia symptoms, but it provided no advantages over other types of therapy in the mutual and patient reception regions.

The relative success of care relies on variables such as the particular therapy procedure and the care situation. In general, study has shown that some 75% of psychotherapists had some meaningful change.

COGNITIVE-BEHAVIORAL THERAPY FOR SOCIAL ANXIETY DISORDER

Social anxiety disorder (SAD), which was first frequently used in the 1980s and 1990s to combat anxiety problems, is also handled with cognitive-behavioral treatment (CBT). Analysis has shown that CBT is a form of treatment that aims to resolve psychiatric anxiety problems consistently.

CBT is not a fixed procedure but a mixture of different methods based on the severity of the condition. CBT may, for example, vary from CBT for the management of Depressed or other depressive conditions in order to relieve stress.

Given the variety of various methods, it is crucial to recognize-basic strategies are the most appropriate for the psychiatrist to use CBT to manage the social anxiety disorders.

Goals of CBT for Social Anxiety Disorder

One of CBT's key aims is the detection and substitution of unreasonable perception and behavioral habits with more practical beliefs. You focus on a variety of issue areas as part of the counseling phase, including:

- You may misunderstand your skills and self-value
- Shame, upset or frustrated at past incidents
- How to get yourself feel optimistic
- To fix to become more practical Excellence
- Treating social distress damage

You may sound a little like a student-teacher arrangement during your CBT counseling. The advisor is an instructor, explains thoughts and allows you to explore yourself and improve. You can also get homework activities that are crucial to success.

Keys for Success

When it comes to CBT with social anxiety disorder there are many keys to progress.

The chance of CBT benefiting you depends primarily on your standards of achievement, your preparation for homework and your willingness to deal with uncomfortable concepts.

People who are prepared to work hard and assume that CBT would help more. While this type of counseling is rigorous and includes the client with SAD aggressively, the results seen are permanent and worthwhile.

Cognitive Methods

CBT is made up of a range of approaches, many based on problem-focused thinking cognitive strategies, which help alleviate fear and offer individuals with SAD a sense of power over their distress in social settings.

The overall aim of cognitive therapy is to alter your basic values, which impact your contextual perception. A improvement in your basic values can boost your depressive problems for a long time.

The development of automatic depressive thinking is a crucial issue targeted by CBT. Persons with SAD have automatically established pessimistic thought that is not rational, raises discomfort and decreases their capacity to deal with it. These suggestions emerge automatically while you are dreaming about a scenario that induces fear.

For eg, worrying of this scenario can lead people to feel ashamed and fearful of embarrassment if they dislike public speaking. This perceptual bias is to be supplemented by more rational perspectives from CBT.

As a SAD-patient somebody certainly has advised you to "think optimistic" at any stage in your life. Unfortunately this isn't quick to resolve; if you did, the fear undoubtedly might have been resolved much ago.

Since the brain is hardwired over time, and has nervous feelings, it has to be conditioned progressively to learn in a different manner. Only stating "I'm less concerned the next time," considering your present thought, doesn't function.

In the long run, transforming harmful automated behavior needs preparation and persistence for many months every day. You may first be clearly challenged to identify and rationally neutralize pessimistic, unconscious thinking. As this gets simpler, you can grow more rational ideas. It always immediately becomes normal then.

With time, the synaptic pathway in your brain is influenced by your cognitive cycles. You will start thinking, behaving and feeling differently, but perseverance, persistence and persistence would be important for success. It's a deliberate method at first, then it becomes natural in experience and replicated.

Behavioral Methods

Systematic desensitization is recognized as one of the most popular therapeutic strategies for managing SAD. This is a form of preparation for exposure that slowly introduces you to anxiety-provoking scenarios in order to induce less discomfort over time.

It has to be a very slow technique of exposure preparation for SAD. People may have advised you to "touch yourself up and confront your fears;" this is sadly an exceedingly poor suggestion. Socially concerned individuals are now obligated to address what they fear regularly.

Exposed situations that aren't organized steadily do more harm than good. This exacerbates your fear, leaves you caught up in a harmful trap and ultimately contributes to uncertainty and depression.

TECHNIQUES

It is necessary to read more about the fundamental concepts which lead to behavioral treatment in order to understand the way behavioral therapy operates. The methods used in this therapy are based on classical conditioning and working conditioning theories.

Techniques Based on Classical Conditioning

The formation of relationships between stimuli is classical conditioning. Neutral rewards are previously combined with a reward that evokes a normal and programmed reaction. A mixture is created and the previously neutral stimuli evoke the reaction by itself after multiple pairings.

Classic conditioning is a means of modifying behavior. This treatment method utilizes many common methods and tactics.

Aversion therapy: This method includes balancing an unpleasant trait with an aversive increase, in order to gradually reduce the undesirable behavior. One who has an alcohol dependency can take disulfide, for example, when mixed with alcohol, a medicament that triggers significant symptoms (for example, headaches, nausea, anxiety and vomiting).

Flooding: This ensures that individuals are subjected deeply and easily to fear-invoking stimuli and circumstances. It is often used for phobia therapy. The person is not able to flee or prevent the circumstance during the procedure.

Systematic desensitization: This strategy describes people's worries and then learns to calm by reflecting on those concerns. Beginning with the least fear-causing object, people systematically confront these issues under a therapist's direction while retaining a calm state. Systematic desensitization of phobias and other conditions is also used for managing.

SOCIAL ANXIETY DISORDER

Social anxiety may have a number of impacts on social skills. People with social anxiety disorder (SAD) are less likely, meaning that they have fewer chances to learn skills and trust. Regardless of the ability level, SAD often will directly affect social actions. For starters, you realize it is necessary to make an eye touch, but do not feel able to sustain it because of fear during a conversation. It has proven successful for unhappy people to develop

their social skills irrespective of the social crisis. You will learn how to properly handle social situations if you have an ability deficiency. If social anxiety hides your social skills, your preparation and your exposure through SST will help raise trust and self-esteem and decrease social situations anxiety. SST is also used in accordance with other therapies for those suffering from social anxiety disorder, such as CBT or cognitive-behavioral therapy.

Training Techniques

SST normally starts evaluating the deficiencies and impairments in the individual abilities. A psychiatrist can question you which social relationships are more complicated or which abilities can be strengthened. The purpose of this phase is to determine the right priorities for your individual scenario for training in social skills. Techniques to develop social competence are implemented as particular focus areas are established. Changes are typically done at a time in one field to guarantee you are not frustrated. Includes the following SST techniques:

1. The education portion of the SST includes the modeling of adequate social behavior. A therapist can explain a specific ability, how it is carried out and the action can be modeled. Specific habits including how a dialogue is handled may be split up into smaller parts such as introduction to oneself, speak and chat. Therapists often address verbal and nonverbal behavior.
2. Competence or role play implies that in simulated scenarios learning techniques are exercised through counseling.
3. Fixed input is used during rehearsal to further develop social skills.
4. Positive strengthening is being utilized for cognitive competence development.
5. Daily homework provides the potential to learn your social skills outside counseling.

CONCLUSION

This study protocol implements the design of 2 RCTs to evaluate the efficacy of school skill-training programmes to resolve success concern or social ability in order to improve adolescents' mental wellbeing. The current protocol defines a research which explores the effectiveness of scholastic skill-training programmes aimed at success management. It is important that the school atmosphere can help students deal with stress-inducing influences and reduce the creation of mental health issues, school declines and later on instability.

REFERENCES

1. Allen, L., McHugh, R. K., & Barlow, D. H. (2008). Emotional disorders: a unified protocol. In: D. H. Barlow (Ed.), *Clinical handbook of psychological disorders* (pp.216–249). New York, NY: Guilford Press.
2. Barlow, D. H., Allen, L. B., & Choate, M. (2004). Toward a unified treatment for emotional disorders. *Behavior Therapy*, 35, pp. 205–230.
3. Beidel, D. C., Rao, P. A., Scharfstein, L. A., Wong, N. & Alfano, C. A. (2010). Social skills and social phobia: an investigation of DSM-IV subtypes. *Behaviour Research and Therapy*, 48, pp. 992–1001.
4. Beidel, D. C., Turner, S. M., Jacob, R. G., & Cooley, M. R. (1989). Assessment of social phobia: reliability of an impromptu speech task. *Journal of Anxiety Disorders*, 3, pp. 149–158.
5. Beidel, D. C., Turner, S. M., Sallee, F. R., Ammerman, R. T., Crosby, L. A., & Pathak, S. (2007). SET-C vs. fluoxetine in the treatment of childhood social phobia. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, pp. 1622–1632.
6. Clark, D. M., Ehlers, A., Hackmann, A., McManus, F., Fennell, M., Grey, N., et al. (2006). Cognitive therapy versus exposure and applied relaxation in social phobia: a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 74, pp. 568–578.
7. Compton, S. N., Peris, T. S., Almirall, D., Birmaher, B., Sherrill, J., Kendall, P. C., et. al. (2014). Predictors and moderators of treatment response in childhood anxiety disorders: results from the CAMS trial. *Journal of Consulting and Clinical Psychology*, <http://dx.doi.org/10.1037/a0035458>
8. Deacon, B. J., & Abramowitz, J. S. (2004). Cognitive and behavioral treatment for anxiety disorders: a review of meta-analytic findings. *Journal of Clinical Psychology*, 60, pp. 49–441.
9. Erickson, D. H., Janeck, A., & Tallman, K. (2007). Group cognitive-behavioral group for patients with various anxiety disorders. *Psychiatric Services*, 58, pp. 1205–1211.

10. First, M. W., Gibbon, M., Spitzer, R. L., & Williams, J. B. W. (1997). Structured clinical interview for DSM-IV axis I disorders (SCID-I), clinician version. Washington, DC: American Psychiatric Association.

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